

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P94000048852 1. Entity Name RAY DISTRIBUTING COMPANY	
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Principal Place of Business 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US	Mailing Address 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US
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02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3252487	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILLER, DONNA A 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAY, J.G. JR. 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, DONNA A 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDGE, AUBREY L 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
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04/03/08-80114-024 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Aubrey L. Edge, Pres. 3/8/08 904/596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #